

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |   |                          |          |   |   |    |   |   |   |   |
|---|-----------------------------------|---|--------------------------|----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>5/26/04</u>                     |                                   | 2 Serial/Patent # <u>19/614785</u>  |                          |          |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER  | 5 DATE FILED             | 6 AMOUNT |   |   |    |   |   |   |   |
|   | Filing                            |   |                          | \$       |   |   |    |   |   |   |   |
|   | Amendment                         |   |                          | \$       |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | Extension of Time                 | 10  | 5/10/04                  | \$ 950   |   |   |    |   |   |   |   |
|   | Notice of Appeal/Appeal           |   |                          | \$       |   |   |    |   |   |   |   |
|   | Petition                          |   |                          | \$       |   |   |    |   |   |   |   |
|   | Issue                             |   |                          | \$       |   |   |    |   |   |   |   |
|   | Cert of Correction/Terminal Disc. |   |                          | \$       |   |   |    |   |   |   |   |
|   | Maintenance                       |   |                          | \$       |   |   |    |   |   |   |   |
|   | Assignment                        |   |                          | \$       |   |   |    |   |   |   |   |
|   | Other                             |   |                          | \$       |   |   |    |   |   |   |   |
|   |                                   |   | 7 TOTAL AMOUNT OF REFUND |          |   |   |    |   |   |   |   |
|   |                                   |   | \$ 950.                  |          |   |   |    |   |   |   |   |
| 8 TO BE REFUNDED BY:                                  |                                   |   |                          |          |   |   |    |   |   |   |   |
| 10 REASON:  |                                   | Treasury Check  |                          |          |   |   |    |   |   |   |   |
|   | Overpayment                       | <input checked="" type="checkbox"/> Credit Deposit A/C #:   |                          |          |   |   |    |   |   |   |   |
|   | Duplicate Payment                 | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">9</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">5</td> <td style="width: 20px;">9</td> <td style="width: 20px;">0</td> </tr> </table> |                          |          | 1 | 9 | -- | 0 | 5 | 9 | 0 |
| 1   | 9                                 | --  | 0                        | 5        | 9 | 0 |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | No Fee Due (Explanation):         |   |                          |          |   |   |    |   |   |   |   |
| MAXIMUM EXTENSION EXPENSE                             |                                   |   |                          |          |   |   |    |   |   |   |   |
|   |                                   |   |                          |          |   |   |    |   |   |   |   |
|   |                                   |   |                          |          |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:                               |                                   |   |                          |          |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>CHARLENA BRON</u>              |                                   |   | TITLE: <u>Attorney</u>   |          |   |   |    |   |   |   |   |
| SIGNATURE: <u>[Signature]</u>                         |                                   |   | PHONE: <u>306-0251</u>   |          |   |   |    |   |   |   |   |
| OFFICE: <u>[Signature]</u>                            |                                   |   |                          |          |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |   |                          |          |   |   |    |   |   |   |   |
| APPROVED: <u>[Signature]</u>                          |                                   |   | DATE: <u>5/27/04</u>     |          |   |   |    |   |   |   |   |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: